

## **RMD Bulletin**

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# Identifying Medi-Cal Managed Care Plans

As information is being distributed about Covered California and the policy and procedures related to processing private insurance, Revenue Management Division (RMD) is receiving questions about the differences between clients with private insurance and those who have signed their Medi-Cal coverage over to a managed care plan. RMD Bulletin No.: NGA 14-002 Covered California Health Insurance provides information related to private insurance procedures. This bulletin should provide information about eligibility verification information returned for Medi-Cal beneficiaries when they have joined a Medi-Cal managed care plan and their specialty mental health services have been “carved out”.

The Medi-Cal managed care plan is a Prepaid Health Plan (PHP) program designed to allow Medi-Cal recipients to enroll in Health Maintenance Organizations (HMOs) as an alternative to the Medi-Cal fee-for-service program. The purpose of the PHP program is to develop a more efficient delivery of care to Medi-Cal recipients, reduce inflationary costs of Medi-Cal, and to improve the access to and continuity of Medi-Cal services. Medi-Cal managed care plans are not considered other health coverage (OHC).

The State implemented the Specialty Mental Health Services Consolidation Program for Medi-Cal recipients currently receiving or requiring outpatient or medical professional mental health services. Under the consolidation program, coverage for specialty mental health services is offered through the Mental Health Plans (MHPs) in California’s 58 counties. The Department of Mental Health is the mental health plan for Los Angeles County. This means that public mental health services funded by Medi-Cal are separate from the physical health services offered in the managed care system. The State believes that “carving out” mental health care ensures that specialty mental health services will be provided more appropriately and effectively.

Recipients eligible for Medi-Cal are entitled to the full range of benefits authorized by Medi-Cal. If a client is a Medi-Cal beneficiary and has assigned their Medi-Cal benefit to an HMO, Short-Doyle/Medi-Cal providers are allowed to treat the client and bill Medi-Cal for mental health services rendered. Before rendering services to recipients enrolled in a Medi-Cal managed care plan, providers must verify Medi-Cal eligibility through the Integrated System (IS) or by using one of the following three methods: Point of Service (POS) device, calling the Automated Eligibility Verification System (AEVS) at 1-800-456-AEVS (2387), or visiting the Medi-Cal website at <https://www.medi-cal.ca.gov/Eligibility/Login.asp>.

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Once eligibility is verified, a copy of the eligibility verification should be placed in the client's financial folder and the mental health service(s) should be billed to Medi-Cal in the IS. Below are several sample eligibility responses that will assist you with identification of a Medi-Cal Managed Care plan and distinguishing it from other health coverage:

**CARVED OUT MENTAL HEALTH SERVICES (MHS)**  
**Services may be billed directly to Medi-Cal through the IS**

Sample 1: Regular Medi-Cal with MHS Carved out

SUBSCRIBER LAST NAME: Doe. EVC #: 00000ZX0. CNTY CODE: 19. PRMY AID CODE: 3N. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-L.A. CARE HLTH PLAN: MEDICAL CALL (123) 123-1234. HCP: ANTHEM BLUE CROSS CALL: (123) 123-1234. PCP: DR. K CALL: (123) 123-1234. ACCESS DENTAL PLAN: DENTAL CALL (123)123-1234

Sample 2: Regular Medi-Cal with MHS Carved out

SUBSCRIBER LAST NAME: XXXX. EVC #: XXXX. CNTY CODE: 19. PRMY AID CODE: 34. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-L.A. CARE HLTH PLAN: MEDICAL CALL (123) 123-1234. HCP: LA CARE HLTH PLAN CALL: (123) 123-1234. PCP: DR. B CALL: (123) 123-1234

**NON CARVED OUT MENTAL HEALTH SERVICES (MHS)**  
**Services MUST be billed to ALL eligible third-party benefits**  
**BEFORE claiming to Medi-Cal**

Sample 3: Regular Medi-Cal with OHC

SUBSCRIBER LAST NAME: XXXX. EVC #: XXXX. CNTY CODE: 19. PRMY AID CODE: 60. 1ST SPECIAL AID CODE: 4F. MEDI-CAL ELIGIBLE W/NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-L.A. CARE HLTH PLAN: MEDICAL CALL (123) 123-1234. HCP: KAISER CALL: (123) 123-1234. PCP: DR. K CALL: (123) 123-1234. OTHER HEALTH INSURANCE COV UNDER CODE K - KAISER. CARRIER NAME: KAISER PERMANENTE HEALTH PLAN. ID: XXXXXXXXX. COV: OIM P

Sample 4: Regular Medi-Cal with OHC

SUBSCRIBER LAST NAME: XXXX. EVC #: XXXX. CNTY CODE: 19. PRMY AID CODE: 60. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-L.A. CARE HLTH PLAN: MEDICAL CALL (123) 123-1234. HCP: CARE FIRST CALL: (123) 123-1234. PCP: DR. C CALL: (123) 123-1234. OTHER HEALTH INSURANCE COV UNDER CODE V. CARRIER NAME: CALIFORNIA CARE BLUE CROSS HMO. ID: XXXAXXXXX. CARRIER NAME: DENTAL NET BLUE CROSS. ID: XXXAXXXXX. COV: OIM P D

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Sample 5: Regular Medi-Cal, Medicare and Medicare Part D with NO OHC

SUBSCRIBER LAST NAME: XXXX. EVC #: XXXX. CNTY CODE: 19. PRMY AID CODE: 1H. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. PART A, B AND D MEDICARE COV W/HIC #XXXXXXXXXA . MEDICARE PART A AND B COVERED SVCS MUST BE BILLED TO MEDICARE BEFORE BILLING MEDI-CAL. MEDICARE PART D COVERED DRUGS MUST BE BILLED TO THE PART D CARRIER BEFORE BILLING MEDI-CAL. CARRIER NAME: HUMANA INSURANCE COMPANY. COV: R

Sample 6: Regular Medi-Cal, Medicare, Medicare Part D and with OHC

SUBSCRIBER LAST NAME: XXXX. EVC #: XXXX. CNTY CODE: 19. PRMY AID CODE: 60. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. PART A, B AND D MEDICARE COV W/HIC #XXXXXXXXXA . MEDICARE PART A AND B COVERED SVCS MUST BE BILLED TO MEDICARE BEFORE BILLING MEDI-CAL. MEDICARE PART D COVERED DRUGS MUST BE BILLED TO THE PART D CARRIER BEFORE BILLING MEDI-CAL. OTHER HEALTH INSURANCE COV UNDER MEDICARE RISK HMO. CARRIER NAME: EVERCARE COV: OIM R

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If you have any questions or require further information, please do not hesitate to contact RMD at (213) 480-3444 or [RevenueManagement@dmh.lacounty.gov](mailto:RevenueManagement@dmh.lacounty.gov).